

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155166		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/15/2016	
NAME OF PROVIDER OR SUPPLIER VALPARAISO CARE & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 606 WALL ST VALPARAISO, IN 46383			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigations of Complaints IN00200322 and IN00201074.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaints IN00196033 and IN00196379 completed on 04/19/16.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaints IN00199596 and IN00200104 completed on 05/13/16.</p> <p>Complaint IN00200322 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00201074 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: June 14 & 15, 2016</p> <p>Facility number: 000083 Provider number: 155166 AIM number: 100289670</p> <p>Census by bed type: SNF/NF: 134 Total: 134</p> <p>Census payor type: Medicare: 18 Medicaid: 103 Other: 13 Total: 134</p> <p>Sample: 8</p> <p>Valparaiso Care and Rehabilitation Center was</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00200322 and IN00201074. Quality review completed by 32883 on 6/17/16.	F 000			